Page 1 of 2

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10992773-1

as US Application Serial No. or PCT International Application

As a below named inventor, I hereby declare that:

Foreign Application(s) and/or Claim of Foreign Priority

() was filed on _

Number

Rev 10/00 (DecPwr)

My residence/post office address and citizenship are as stated below next to my name;

disclose all information which is material to patentability as defined in 37 CFR 1.56.

Printer With Vacuum Platen Having Bimetallic Valve Sheet Providing Selectable Active Area

the specification of which is attached hereto unless the following box is checked:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

and was amended on ______ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U S C	PRIORITY CLAIMED UNDER 35 U S C 119	
			YES NO		
			YES NO		
rovisional Application					
hereby claim the benefit u elow:	nder Title 35, United States Code Se	ection 119(e) of any Unit	ed States provisional application(s) liste	
	APPLICATION SERIAL NUMBER	FILING DATE			
S. Priority Claim	inder Title 35, United States Code,				
formation as defined in Tit	t paragraph of Title 35, United State le 37, Code of Federal Regulations, S or PCT international filing date of this	ection 1.56(a) which occ	urred between the filing date of t	he pri	
APPLICATION SERIAL NUM	BER FILING DATE	STATU	(patented/pending/abandoned)		
	1				
OWER OF ATTORNEY:					
s a named inventor, I he usiness in the Patent and T	reby appoint the following attorney rademark Office connected therewith	s) and/or agent(s) to pro Place Customer Number Bar Code Label here	osecute this application and tran	nsact	
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(Use Page Two For Additional Inventor(s) Signature(s))

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Post Office Address:					
Inventor's Signature		Date			
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Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 6 joint inventor	:	Citizenship:			
Residence:					
Post Office Address:					
Inventor's Signature		Date			
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Residence:			1000		
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 8 joint invento	г	Citizenship:			
Residence:					
Post Office Address:					
Inventor's Signature		Date			